

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036968

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 226 Primary Registration District No. 5800 Registrar's No. 26

FILED SEP 16 1963

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) MONROE TOWNSHIP		c. CITY OR TOWN MONROE CITY	
Length of stay in 1b 59 YRS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE CITY		d. STREET ADDRESS (If outside, give location) ROUTE 3	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle DAVID Last ROBEY			4. DATE OF DEATH Month SEPTEMBER Day 6 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APRIL 2, 1871	9. AGE (last birthday) 92	10. IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUMBER DEALER		10b. KIND OF BUSINESS OR INDUSTRY LUMBER YARD		11. BIRTHPLACE (City and state or country) MONROE COUNTY, MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JAMES R. ROBEY		13b. MOTHER'S MAIDEN NAME LUCY ANN MOUNCE	
14. NAME OF HUSBAND OR WIFE ALPHA ROBEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. John D. Robey & Son, Monroe City, Mo		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Generalized arteriosclerosis DUE TO (c) 15 years		INTERVAL BETWEEN ONSET AND DEATH 30 minutes	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a) Possible Carcinoma of right lung		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:05 P. Month, Day, Year 8/26/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION MONROE CITY, MISSOURI	
21. I attended the deceased from 8/26/63 to 8/26/63 and last saw him alive on 8/26/63 Death occurred 12:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE E. J. Porter, BSc DO.	
22b. ADDRESS 412 Center St. Hannibal, Mo		22c. DATE SIGNED 9/26/63	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT 9, 1963	23c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY	23d. LOCATION (City, town, or county) MONROE CITY, MISSOURI
24. FUNERAL DIRECTOR Wilson & Son, Monroe City, Mo		25. DATE RECD. BY LOCAL REG. Sept. 13-1963	
26. EMBALMER'S SIGNATURE [Signature]		27. EMBALMER'S STATEMENT ON REVERSE SIDE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3014

P. O. Address MONROE CITY, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.